

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036758  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 169

Primary Registration District No. 4260

Registrar's No. 29

FILED OCT 15 1963

VS 300  
Rev. 4/59

10520

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Knox</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Baring</b>		c. CITY OR TOWN <b>Marceline</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Residence of son</b>		d. STREET ADDRESS (If outside, give location) <b>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>	
3. NAME OF DECEASED (Type or print) <b>Edward Alfred Teegarden</b>		4. DATE OF DEATH <b>Oct 9, 1963</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>21 Apr 1881</b>
9. AGE (last birthday) <b>82</b>		10. IF UNDER 1 YEAR Months Days Hours Min.	
11. BIRTHPLACE (City and state or country) <b>Lawson, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Aaron Teegarden</b>		13b. MOTHER'S MAIDEN NAME <b>unk</b>	
14. NAME OF HUSBAND OR WIFE <b>Edna Stella Wamheh</b>		15. ADDRESS <b>Teegarden</b>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)		17. SOCIAL SECURITY NO. <b>16. INFORMANT</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Decompensated Cor Pulmonale with Circulatory Failure</b> DUE TO (b) <b>Chronic Pulmonary Emphysema</b> DUE TO (c) <b>Chronic Bronchial Asthma</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>Oct. 1, 1963</b> to <b>Oct. 9, 1963</b> and last saw her alive on <b>Oct. 9, 1963</b> Death occurred at <b>9</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>E. H. Gibson, DO.</b>		22b. ADDRESS <b>Edina Mo.</b>	
22c. DATE SIGNED <b>10-10-63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <b>12 Oct 1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Lawson Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Lawson, Missouri</b>		24. FUNERAL DIRECTOR <b>HUDSON-RIMER FUNERAL HOMES, Edina, Mo</b>	
25. DATE RECD. BY LOCAL REG. <b>10/12/63</b>		26. REGISTRAR'S SIGNATURE <b>Will S. H. H. H.</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

OCT 18 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Jerry L. Davis*

Licensed Embalmer No. 5216

P. O. Address Healdland, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.